



INVESTMENTS - REGULAR AND SINGLE PREMIUM TOP UP FORM

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

Plan Number:

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It is assumed that personal identification and proof of address has been supplied at proposal stage. If your details have since changed, e.g. your address, please provide updated verification documentation. Any copies should be certified copies of originals and proof of address must be current (within the last 6 months).

For the most efficient application of funds to your plan, please ensure all relevant sections of this form are fully completed before submitting to our offices. Funds will only be applied and invested with effect from the date of receipt of all requirements. It is important to ensure that all information is provided from the outset.

To be completed by
Financial Adviser if present.

Financial Adviser Details (if applicable)

Financial Adviser Name

[illegible]

Financial Adviser Code

[illegible]

Commission Profile

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Lump Sum

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Financial Review Completed (applies to tied agents only)

Yes ☐ No ☐

Business Replacement

Yes ☐ No ☐

1. Plan Owner Details

Name of Plan Owner 1

[illegible]

Name of Plan Owner 2

[illegible]

Address

[illegible][illegible][illegible]

2(a). Increase Regular Premiums (if required)

The current government levy on life assurance payments is 1%. We will pay this out of the money received from you.

Regular Premiums will automatically be invested in the current fund choice unless we are advised otherwise.

New Premium

Total Payment

€	
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- Existing payment frequency will remain unchanged
- Increase will be effective from next regular payment date
- Source of funds will remain unchanged

Please complete below section along with new SEPA Mandate if changing account from which regular payments are being made.

2(b). Source of Funds for Regular Payments (if required)

Details for Regular Payments

Please give details of account drawn from:

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

3. Single Premium Top Up Details (if required)

Proposed Top Up Amount €

Source of Funds

- ☐ Personal cheque from plan owner(s) bank account ☐ Bank Draft ☐ EFT
☐ Direct Debit from proposer(s) bank account ☐ Encashment /Maturity proceeds of existing Irish Life plan
☐ Other (eg Employer's Payroll scheme, Postal or Money order etc)

Please give details of account drawn from (If bank draft, fill in details of your personal bank account from which the draft is drawn)

Customer (Debtor) Name

Customer (Debtor) Bank Identifier Code (BIC)

IBAN

Please give details of any other payment type (e.g. Postal Order / Encashment proceeds of existing plan)

Source of Wealth

To comply with the current Anti Money Laundering and Terrorist Financing legislation, Irish Life Assurance plc is required to ask you about the original source of your wealth in respect of this application. Please tick the relevant box(es) and indicate the source of your investment amount.

- | | | |
|---|---------------------------|--------------------------|
| Salary, bonus or regular savings | Yes <input type="radio"/> | No <input type="radio"/> |
| Proceeds from maturity / encashment of plan with another life company | Yes <input type="radio"/> | No <input type="radio"/> |
| Early retirement or redundancy payment | Yes <input type="radio"/> | No <input type="radio"/> |
| Inheritance | Yes <input type="radio"/> | No <input type="radio"/> |
| Proceeds from the sale of investments or other assets | Yes <input type="radio"/> | No <input type="radio"/> |
| Windfall / compensation payments | Yes <input type="radio"/> | No <input type="radio"/> |
| Proceeds from maturity / encashment of Irish Life plan | Yes <input type="radio"/> | No <input type="radio"/> |

Other (please specify):

Certified identification and address verification will be required for any 3rd party payers.

4. Payer Details (if applicable)

The payer should be the plan owner. If the payer is different from the plan owner please explain the relationship to the plan owner.

If a lifestyling investment strategy is in operation on a plan, we will automatically invest funds in line with the chosen strategy.

5. Fund Choice - Single Premiums Only

I wish to invest the above outlined contribution in my current, existing fund choice ☐

Or

I wish to invest the above outlined contribution in the following fund choices:

<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Please read your Fund Guide for a full list of the funds available.

The risk level and volatility rating of a fund can change from time to time. Please visit our website www.irishlife.ie to see the most up-to-date fund information.

Please note that fund choice is in respect of the top up amount only.

Any change to the customers current investment holding will require a separate instruction.

6. Client Declaration to Irish Life

I declare that the answers to all the questions in this application form are in every respect true, and correctly reflect the intended investment in this contract. I hereby authorise Irish Life to apply the additional contribution to the above policy as specified above, in accordance with the policy terms and conditions and agree that this application form shall form part of my contract with Irish Life.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.



SIGN HERE

Please note that if you are signing on behalf of a company you should precede your signature with "for and on behalf of 'company name'..."

Plan Owner 1

Date / /

Plan Owner 2

Date / /

Life Assured Signature (if different to Plan Owners)

Life Assured 1

Date / /

Life Assured 2

Date / /

7. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing dataprotectionqueries@irishlife.ie or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Plan Owner 1	I agree <input type="radio"/>	I don't agree <input type="radio"/>
Plan Owner 2	I agree <input type="radio"/>	I don't agree <input type="radio"/>

If different to Plan Owner

Life Assured 1	I agree <input type="radio"/>	I don't agree <input type="radio"/>
Life Assured 2	I agree <input type="radio"/>	I don't agree <input type="radio"/>

Important: The SEPA Mandate on the following page should only be completed if changing account from which regular payments are being made. If doing so then please also ensure to complete section 2(b) above in relation to the source of these funds.





Irish Life



Your Irish Life Plan Details

Please complete **all** the fields in this Section

Plan Number(s)

If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

Direct Debit collection date

 of the month (1st to 28th only)

Payment frequency

Monthly ☐

Quarterly ☐

Half Yearly ☐

Yearly ☐

SEPA DIRECT DEBIT MANDATE

Please complete all the fields below marked * and return this mandate to Irish Life

Name and address of the payer:

* Name(s) of Account Holder(s)

Address of Account Holder(s)

BIC

* IBAN

Your BIC and IBAN can be found on a recent bank statement



* Signature(s)

* Date of signing

Please sign and date

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

For Office Use only

UMR

Creditor Identifier

Type of payment

Recurrent ☒

Creditor's name and address